

When to use this form



This form lets us know about compensation you and/or your partner are receiving, about to receive or have received in the past.

You and/or your partner will need to complete a separate **Compensation and damages (Mod C)** form for every compensation claim you and/or your partner have been paid or are eligible to claim.

Online services



You can upload this form, with any supporting documents, online.

For more information about how to access an online account or how to lodge documents online, go to servicesaustralia.gov.au/centrelinkuploaddocs

For more information

We understand compensation can be complicated. We have information on our website to help.

Go to servicesaustralia.gov.au/centrelinkcompensationrecovery



Help in your language

To speak to us in other languages, call **131 202**.

Call charges may apply.



Telephone Typewriter

If you have a hearing or speech impairment, you can contact the **TTY service** Freecall™ **1800 810 586**. A TTY phone is required to use this service.

Estimator tool



The Compensation Estimator tool can help you check how compensation affects Centrelink payments. Your legal or financial adviser can use this too.

Go to servicesaustralia.gov.au/estimators

Free financial help



We can help you make an informed decision about the effect of compensation on your finances. You can make an appointment to talk to a Financial Information Service Officer by calling **132 300**.

Call charges may apply.

This service is free, independent and confidential.

Filling in this form

You can fill and sign this form digitally in some browsers, or you can open it in Adobe Acrobat Reader. If you do not have Adobe Acrobat Reader, you can print it and sign it.

If you have a printed form:

- Use black or blue pen
- Print in BLOCK LETTERS.
- Where you see a box like this **Go to 1** skip to the question number shown.

About you

1 Your Customer Reference Number (if known)

 - - -

2 Your family name

First given name

Second given name

3 Your date of birth

 / /

4 If you **and** your partner have both been paid or have claimed compensation, you and your partner will need to complete a separate **Compensation and damages (Mod C)** form.

Who has received or claimed compensation?

You **Go to 8**

Your partner **Go to next question**

About your partner



Your partner needs to complete and sign the remaining questions about the claim for compensation.

5 Your Customer Reference Number (if known)

 - - -

6 Your family name

First given name

Second given name

7 Have you been known by any other name(s)?

Include:

- name at birth
- name before marriage
- previous married name
- Aboriginal or skin name
- alias
- adoptive name
- foster name.

No **Go to next question**

Yes **Give details below**

Other name(s)

.....
.....

If you need more space, provide a separate sheet with details.



About the compensation payer

8 Where did the injury or illness occur?

- Australian Capital Territory South Australia
New South Wales Tasmania
Northern Territory Victoria
Queensland Western Australia

Outside Australia Give details below

Name of country

9 Is the **compensation payer** an:

- Australian insurer or individual
Overseas insurer or individual
Do not know

10 What are the **compensation payer's** details?

This is the Insurance Company, Authority or person paying the compensation.

Name

Address

 Postcode

Phone number

Compensation payer's claim number

11 Have you claimed, or are you claiming, compensation from an employer?

No Go to next question

Yes Give details below

Employer's business name

Address

 Postcode

Phone number

About the compensation payment

12 What is the date of the injury or illness?

This is the date the injury occurred or when the illness was officially diagnosed.

13 What is the start date you lost wages due to the injury or illness?

Same date as question 12

OR

Different date

14 Did the injury or illness occur:

- At work
Travelling to or from work
Other Give details below

15 What type of compensation has been or will be claimed?

 For Sporting injury, Personal Accident and Sickness Insurance or Income Replacement Insurance claims we require a copy of the policy be included with your supporting documents.

- Sporting injury
Personal Accident and Sickness Insurance
or Income Replacement Insurance
Worker's compensation
Motor Vehicle
Criminal Injuries/
Victim's compensation
Public Liability
Medical Negligence
Other Give details below

16 Have weekly compensation payments been paid?

No **Go to 18**

Yes *Go to next question*

17 Have the payments stopped?

No Give the current **gross** weekly amount (before tax)

\$ per week

Yes Date these payments stopped

/ /

 Provide the letter advising when your payments stopped.

18 Are you trying to get weekly compensation payments?

No

Yes

19 Has a lump sum compensation payment been paid?

No *Go to next question*

Yes Give the lump sum amount

\$

Date the lump sum was paid

/ /

 Provide the settlement documents or letter advising the lump sum payment details.

20 Are you trying to get a lump sum compensation payment?

No

Yes

21 Have you made or intend to claim any other compensation claims?

No *Go to next question*

Yes

 A separate **Compensation and damages (Mod C)** form will have to be completed for each compensation injury or claim.
If you do not have this form, go to servicesaustralia.gov.au/forms

About your solicitor

22 Do you, or did you, have a solicitor acting for you in this claim for compensation?

No *Go to next question*

Yes Give details below

Date the solicitor started acting for you

/ /

Name of solicitor

Name of solicitor's firm

Address

Postcode

Phone number

Privacy notice

23 You need to read this

Privacy and your personal information

The privacy and security of your personal information is important to us, and is protected by law. We need to collect this information so we can process and manage your applications and payments, and provide services to you. We only share your information with other parties where you have agreed, or where the law allows or requires it. For more information, go to servicessaustralia.gov.au/privacy

Declaration

24 I declare that:

- the information I have provided in this form is complete and correct.

I understand that:

- if submitting this document as part of a claim, the claim may not be accepted unless supporting documents are lodged at the same time as the claim. The only exception will be if I am waiting for medical evidence or other documents from a third party.
- if I already receive a Centrelink payment, I must tell Centrelink **within 7 days** of either myself or my partner receiving a compensation payment.
- I must also tell Centrelink **within 14 days** of any change to the rate of regular compensation payments received by myself or my partner.
- compensation paid to me or my partner may affect my payment under the *Social Security Act 1991* or *Student and Youth Assistance Act 1973*.
- under Section 1166 of the *Social Security Act 1991*, if Centrelink believe I have an entitlement to compensation, I will be required to take reasonable action to obtain that compensation.
- Centrelink can make relevant enquiries, including with my compensation payer(s), to make sure I receive the correct entitlement and/or I am eligible for a concession card.
- giving false or misleading information is a serious offence.

Signature



Date

/ /

Next steps

- 1 Check that you have answered all the questions that you need to.
- 2 Attach all requested information and any additional required forms.
- 3 Check you have signed and dated this form.

Returning this form

Return this form and any supporting documents:

- **online** using your Centrelink online account. For more information, go to servicessaustralia.gov.au/centrelinkuploaddocs
- in person at one of our service centres, if you are unable to use your Centrelink online account.